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STATE OF INDIANA)
COUNTY OF LAKE)

SS:

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-014930

3:21 PM 2023 Jun 7

AFFIDAVIT OF SURVIVORSHIP

Donald W. Poppen, Jr. ("Affiant"), being duly sworn upon his oath deposes and says:

1. That the Affiant is the son of Donald W. Poppen a/k/a Donald Wayne Poppen ("the Decedent").
2. That the Affiant resides in Lake County, State of Indiana.
3. That the Affiant is a competent adult and was born on February 28, 1961.
4. That Donald W. Poppen a/k/a Donald Wayne Poppen, ("the Decedent") and Barbara M. Poppen were husband and wife at the time they acquired title by deed, as husband and wife, to certain real estate and the real estate is described as follows:

Roberts Estates Resub of Lot 19 Lots 1 & 2 Ex West 2.82 ft. of Lot 2 and Davidson's 4th Addition Ex East 29.89 ft. of Lot 23 Measured of the South Line located in the City of Hammond, North Township, Lake County, Indiana as recorded in the office of the Recorder of Lake County Indiana.

Commonly Known As: 951 - 119th Street, Whiting, Lake County, Indiana, 46394 Parcel I.D. 45-03-07-133-017.000-023. (Hereinafter referred to as the "Real Estate")

5. That the marital relationship which existed between Donald W. Poppen a/k/a Donald Wayne Poppen, the Decedent, and Barbara M. Poppen continued unbroken from the time they so acquired title to said Real Estate, until the death of Donald W. Poppen a/k/a Donald Wayne Poppen on July 27, 2007 at which time Barbara M. Poppen acquired title to said real estate as the surviving spouse.
6. That a certified copy of the death certificate of Donald W. Poppen a/k/a Donald Wayne Poppen, showing his date of death to on July 27, 2007 is attached hereto and made a copy of this affidavit by reference.
7. That all debts, estate and inheritance taxes, funeral expenses, and expenses of the last illness of Donald W. Poppen a/k/a Donald Wayne Poppen, the Decedent, have been fully paid and satisfied.

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8. That the Affiant makes this affidavit for the purpose of showing that said Real Estate became vested in the surviving spouse, Barbara M. Poppen, on July 27, 2007 and so that the Lake County Recorder and the Lake County Auditor will show on their records that the above described Real Estate became vested solely in Barbara M. Poppen on July 27, 2007.

9. That Barbara M. Poppen is the sole surviving interest holder in the said Real Estate and accordingly is the sole owner of said real estate.

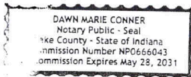
10. That all of the above representations are true.

Donald W. Poppen, Jr.
Donald W. Poppen, Jr.

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared **Donald W. Poppen, Jr.**, who being first duly sworn by me upon an oath, states that the facts set forth in the foregoing Affidavit of Survivorship are true.

WITNESS MY HAND AND SEAL this 7th day of June 2023.



Dawn Marie Conner
NOTARY PUBLIC

DAWN Marie Conner
PRINTED NAME OF NOTARY PUBLIC

County of Residence: LAKE

My Commission Expires: May 28, 2031

I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

Joseph V. Curosh, Jr.
Joseph V. Curosh Jr.

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

POSTER: The Social Security Act of this state requires in order to statutory responsibility disclosure is and there will be no penalty for refusal.

Serial No. 464

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) DONALD WAYNE. POPPEN		2. SEX MALE	3a. TIME OF DEATH 9:20P	3b. DATE OF DEATH (Month, Day, Yr) JULY 27, 2007
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Year) 74	5b. UNDER 1 YEAR Months Days Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) MAY 28, 1933	7. BIRTHPLACE (City and State or Foreign Country) HAMMOND, INDIANA
8a. WAS DECEDENT A U.S. VETERAN NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Residence		
9b. FACILITY NAME (If not institution, give street and number) 1005-119TH STREET		9c. CITY, TOWN, OR LOCATION OF DEATH HAMMOND	9d. COUNTY OF DEATH LAKE	

DECEDENT

10. MARITAL STATUS MARRIED	11. SURVIVING SPOUSE BARBARA M. KOLESZARIK	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done regularly, past or present, and use code) BUSINESSMAN	12b. KIND OF BUSINESS/INDUSTRY SERVICE STATION
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION HAMMOND (WHITING P.O.)	13d. STREET AND NUMBER 1005-119TH STREET
13e. ZIP CODE 46394	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
15b. CHA FARM <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. (Specify) WHITE	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (1-4 or 5+)	

PARENTS

18. FATHER'S NAME (First, Middle, Last) FRED POPPEN	19. MOTHER'S NAME (First, Middle, Last) THELMA PURBAUGH
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INFORMANT

20a. INFORMANT'S NAME (Type/Print) MRS. BARBARA M. POPPEN	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1005-119TH, WHITING, IN 46394	20c. Relationship WIFE
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DISPOSITION

21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) AUGUST 1, 2007 CHAPEL LAWN MEMORIAL GARDENS	21c. LOCATION—City or Town, State SCHERERVILLE, IND.
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CAUSE OF DEATH

22a. EMBALMER'S NAME HENRY J. BLAKE	22b. EMBALMER'S LICENSE NO. FDE01019406	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b. LICENSE NUMBER (If Licensed) FDE01019456	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BARAN & SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394

26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nontoxic terms, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. **respiratory failure**
DUE TO IOR AS A CONSEQUENCE OF:

b. **chronic obstructive pulmonary disease and pulmonary fibrosis**
DUE TO IOR AS A CONSEQUENCE OF:

c. **pulmonary fibrosis**
DUE TO IOR AS A CONSEQUENCE OF:

d. _____

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Year or no) **N/A**

28a. WAS AN AUTOPSY PERFORMED? (Yes or no) **NO**

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) **N/A**

CERTIFIER

29a. CERTIFIER (Check only one)
 CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
 HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
 CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER
[Signature]

29c. MEDICAL LICENSE NO.
01033457

29d. DATE SIGNED (Month, Day, Year)
JULY 31, 2007

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STATEMENT (Type/Print)
DONALD DUMONT, M.D., 6625 1/2 AVENUE, MUNSTER, INDIANA 46321

31. HEALTH OFFICER'S SIGNATURE
[Signature]

32. DATE FILED (Month, Day, Year)
August 7, 2007

33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		